

FOR SCHOOL
USE ONLY
Input Date _____
Initial _____
GU ID _____

School of Education
Application for Graduate Program
Admission



NAME _____
last first m. initial former/maiden

HOME CONTACT INFORMATION

HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____
HOME PHONE _____ CELL PHONE _____
EMAIL _____

BUSINESS CONTACT INFORMATION

BUSINESS NAME _____ TITLE _____
BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____

PERSONAL INFORMATION

DATE OF BIRTH _____
Month day year
COUNTRY OF CITIZENSHIP _____
COUNTRY OF BIRTH _____

ETHNIC ORIGIN (optional)**

Black American Native American or Alaskan Asian American
 Hawaiian/Pacific Islander Caucasian-White, Non-Hispanic Hispanic

MARITAL STATUS** Single Married Divorced Widowed

SSN/SI N _____

HOW DID YOU FIND OUT ABOUT US?

Friend/family Radio Mail advertising Newspaper Internet Other

GENDER Male Female

GU LEGACY** _____

CIRCLE GRADUATE PROGRAM FOR WHICH YOU ARE APPLYING:

Special Education: Initial Teaching Sport & Athletic Administration Anesthesiology M.Ed. (School Administration) (Alberta only)

Initial Teaching

Elementary (13-month program)
Secondary (13-month program)
Endorsement area: _____
Elementary (24-month program)
Secondary (24-month program)
Endorsement area: _____

Leadership and Administration (WA & B.C)

Special Education (M.ED.)

General
Functional Analysis
Early Childhood

Counseling: Full-time Part-time

School Track
Community Track
Marriage & Family Track
Counselling (Canada)

***CERTIFICATION (Administration):**

Principal Certification

TERM AND LOCATION FOR WHICH YOU ARE APPLYING

YEAR _____ Circle one: **Fall** **Spring** **Summer** SITE, IF APPLICABLE _____

APPLICATION FEE - Nonrefundable, accepted only in **U.S. funds**: Please submit a check, money order or cashier's check with your application or pay online with your credit card at:
<https://commerce.cashnet.com/SOE3>

COLLEGES AND UNIVERSITIES ATTENDED

Bachelor's degree institution city, state, country from (mo/yr) to (mo/yr)

_____ _____ _____ _____
 degree earned date received

Other institutions city, state, country from (mo/yr) to (mo/yr)

_____ _____ _____ _____
 degree earned date received

EMPLOYMENT HISTORY

CURRENT/MOST RECENT

_____ _____ _____ _____
 employer name your title end date (mo/yr) start date (mo/yr)

_____ _____ _____ _____
 address city state zip

_____ _____ _____
 phone supervisor reason for leaving

PREVIOUS

_____ _____ _____ _____
 employer name your title end date (mo/yr) start date (mo/yr)

_____ _____ _____ _____
 address city state zip

_____ _____ _____
 phone supervisor reason for leaving

EMERGENCY CONTACT

_____ _____
 name

_____ _____
 address

_____ _____
 phone relationship

BACKGROUND QUESTION

Given the Mission of Gonzaga University and the campus spirit we try to create, we ask whether you have ever been convicted of a crime or have a case pending against you at this time?

Yes No

If yes, please send written details

Have you ever been placed on probation or been expelled from an institution of higher learning due to a violation of the honor code or incidents of academic dishonesty?

Yes No

If yes, please send written details

UNIVERSITY POLICIES

Equal Opportunity Policy: Gonzaga is an equal opportunity, affirmative action University. The University does not discriminate against any person on the basis of race, religion, sex, national origin, age, marital or veteran status, sexual orientation, physical or mental impairment that limits a major life activity, or any other non-merit factor in employment, educational programs or activities which it operates. All University policies, practices, and procedures are consistent with Gonzaga's Catholic, Jesuit identity and Mission Statement.

504 Policy: Federal law prohibits us from making preadmission inquiry about disabilities. Information regarding disabilities, voluntarily given or inadvertently received, will not adversely affect any admission decisions. If you require special services because of a disability, you may notify the Dean of Students' Office. This voluntary self-identification allows Gonzaga University to prepare appropriate support services to facilitate your learning. This information will be kept in strict confidence and has no affect on your admission to the University.

According to Clery Campus Security: The security of all members of the campus community is of vital concern to Gonzaga University. Information regarding crime prevention advise, the law enforcement authority of Campus Security, policies concerning the reporting of any crimes which may occur on the campus, and the crime statistics for the most recent 3-year period may be requested from Gonzaga University Campus Security Department, 502 E Boone Ave MSC 2468, Spokane, WA 99258-2468. Telephone 509.323.4150.

SIGNATURE

I understand that any willful misrepresentation or omission of facts in this application may make me ineligible for admission to the University or subject to immediate dismissal.

APPLICANT SIGNATURE _____ DATE _____